SERFF Tracking #: PENN-130229688 State Tracking #:

Company Tracking #: DSIC-2015-CA-F-825

State: District of Columbia Filing Company: Diamond State Insurance Company

TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto

**Product Name:** Commercial Automobile

Project Name/Number: DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825

# Filing at a Glance

Company: Diamond State Insurance Company

Product Name: Commercial Automobile
State: District of Columbia
TOI: 20.0 Commercial Auto
Sub-TOI: 20.0001 Business Auto

Filing Type: Form

Date Submitted: 09/04/2015

SERFF Tr Num: PENN-130229688
SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num: DSIC-2015-CA-F-825

Effective Date 01/01/2016

Requested (New):

Effective Date 01/01/2016

Requested (Renewal):

Author(s): Shelisa Towles

Reviewer(s):

Disposition Date:
Disposition Status:
Effective Date (New):
Effective Date (Renewal):

SERFF Tracking #: PENN-130229688 State Tracking #:

Company Tracking #: DSIC-2015-CA-F-825

State: District of Columbia Filing Company: Diamond State Insurance Company

TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto

**Product Name:** Commercial Automobile

Project Name/Number: DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825

## **General Information**

Project Name: DEC Page DAD-100 05/2015 Status of Filing in Domicile: Pending

Project Number: DSIC-2015-CA-F-825 Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 09/04/2015

State Status Changed: Deemer Date:

Created By: Shelisa Towles Submitted By: Shelisa Towles

Corresponding Filing Tracking Number:

## Filing Description:

Diamond State Insurance Company has recently moved its headquarters from Munster, Indiana to Indianapolis, Indiana. As a result of this change, we request approval to amend the DSIC's Commercial Auto Policy Declaration Pages to reflect the amended domicile city of the Diamond State Insurance Company. DSIC would like to implement the revised declarations pages with a policy effective date of 1/1/16.

The declaration page to be amended is: DAD 100 (05/2015) - Commercial Auto Declaration Page

# **Company and Contact**

# **Filing Contact Information**

Shelisa Waller, State Filing Analyst swaller@uai-group.com
Three Bala Plaza East 610-747-1035 [Phone]
Suite 300 610-660-8882 [FAX]

Bala Cynwyd, PA 19004

## **Filing Company Information**

Diamond State Insurance CoCode: 42048 State of Domicile: Indiana

Company Group Code: 920 Company Type:
Three Bala Plaza, East Group Name: State ID Number:

Suite 300 FEIN Number: 51-0257823

Bala Cynwyd, PA 19004 (610) 660-6825 ext. [Phone]

# **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: PENN-130229688 State Tracking #: Company Tracking #: DSIC-2015-CA-F-825

State: District of Columbia Filing Company: Diamond State Insurance Company

TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto

Product Name: Commercial Automobile

Project Name/Number: DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	-	Form Action	Action Specific Data		Readability Score	Attachments
1		Business Auto Coverage Form Declarations	DAD-100	05/2015	DEC	Replaced	Previous Filing Number:	PENN- 125851397	0.000	DAD100 05.15.pdf
							Replaced Form Number:	DAD-100 (08/2008)		·

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	ОТН	Other

Diamond State Insurance Company

A Stock Company
Indianapolis, Indiana
Administrative Offices
3 Bala Plaza East, Suite 300
Bala Cynwyd, Pennsylvania 19004
(610) 664-1500

# **COMMERCIAL AUTO COVERAGE PART BUSINESS AUTO COVERAGE FORM DECLARATIONS**



Policy No. . Renewal of:

Policy Period From 12:01 AM: To 12:01 AM (standard time at the address of the Named Insured as stated herein)

ITEM ONE: Named Insured and Mailing Address Producer Name and Address: Producer Code:

Busines	s Description	n:									
	Business:	$\square$ Individual	☐ Partnership		Corporat		☐ Limited				
	WO - SCHE OVERED A	DULE OF CO	VERAGES Thi	s policy p	rovides	only those	coverages	where a c	harge is sl	hown in the premium columr vered "autos." "Autos" are sh	below. Each o
AND CO	VEREDA	0103	ine "au	itos" for a	particula	apply offi	y to those se by the e	ntry of on	e or more	of the symbols from the CC	OVERED AUTOS
										of the coverage.	
				ED AUTO							
			(Entry of one symbols from	the COVE	RED		TUE MO		LIMIT	ND ANN ONE	
	COV	ERAGES	Auto Covera	TO Section of the Business to Coverage Form shows THE MOST WE WILL PAY FOR ANY ONE  ACCIDENT OR LOSS					PREMIUM		
			which autos a	re covered a	utos)						
LIABILIT					\$						\$
PERSON	IAL INJURY P	ROTECTION (P.I.	.P.) <b>††</b>		SEP	ARATELY	STATED IN	I EACH P.	I.P. END. N	MINUS \$ Deductible	\$
	P.I.P. (or equiva	alent added No-fault	t cov.)							P. ENDORSEMENT	\$
1		(Michi	gan only)		.Dedu	ctible FOR E	ATED IN THE I ACH ACCIDEN	IT	KOEIVIEINI IVIII	NU3. φ	\$
MEDICAL	EXPENSE AN	ENTS D INCOME LOSS E A ONLY)	BENEFITS		SEPA	RATELY STA	ATED IN EACH	I MEDICAL E	XPENSE ANI	D INCOME LOSS BENEFITS	φ e
					ENDO	RSEMENT					φ
UNINSU	RED MOTORI	(when no	ot included		\$						\$
	JNDERINSURED MOTORISTS (when not included \$ SACTUAL \$ Ded. FOR EACH COVERED AUTO. BUT NO DED.S							\$			
PHYSICAL DAMAGE	OMPREHENS	SIVE COVERAGE								. \$	
I AM	PECIFIED CA	LISES OF		COST OF COST Deductible FOR FACH COVERED AUTO FOR LOSS C							\$ \$
	LOSS COVE				WHI	CHEVER				OR VANDALISM †††	<b>/</b>
l sic	OLLISION CC				IS N	SLESS T				COVERED AUTO †††	\$
\frac{1}{2}   \frac{1}{2}	OWING AND I	(Not applie	cable in		\$					private passenger auto	\$
				RAGE PA	RT AND	AND MADE PART OF THIS PREMIUM FOR ENDORSEMENTS/TERRORISM					s
	AT TIME OF IS		110 10 1110 0012	IVACETA	IN AND						\$
CLICT	AT THAT OF I	•			State Surcharges/Assessments ††††					•	1
			O SAA 100 ( 8-98	•							\$
IF YOU	PURCHASED	COLLISION COV	VERAGE FOR HIRE				AGE WOUL	D APPLY	TO VEHIC	LES YOU RENT	
This P	olicy may be	subject to final au	udit. Premiur	n shown i	s Payabl	e: \$	at ir	ception.			
.TE&& T	IDEE OO		OVEDED AUTO	NO VOL	014/11		†† (or e			††† See ITEM FOUR for hired o	r borrowed "autos."
			COVERED AUTO	JS 100	OWN				ee endorseme	ent IL1201 for state details	
Covered	d		ESCRIPTION Trade Name; Body	Type		Orig	inal Cost	HASED Actual	NEW (N)	TERRITORY Town & State Where the	
No.	Seri		ehicle Identification		VIN)		New		USED (U)		
1						\$		\$			
\$ \$											
3 \$								\$			
4						\$		\$			
5						\$		\$	1		
		ls .	CLASS	IFICATION	1	- ·	I		4		
Covered	d Radius of	Business use s = service	Size GVW, GCW	Age		ry Rating actor	Seconda	rv	Except for	or towing all physical dama	ge loss is pay-
Auto	Operation	r = retail	or Vehicle	Group		Phy.	Rating	Code	able to	able to you and the loss payee na	
No.	(In Miles)	c = commercial	Seating Capacity	'	Liab.	Damage	Factor		interests	may appear at the time of th	e loss

†Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Date and Place of Issue:	Countersigned by (authorized Agent)

<sup>\*</sup>Entry optional if shown in Common Policy Declarations.

## **BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**

## ITEM THREE (Cont'd)

cov	OVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding <b>ITEM TWO</b> column applies instead)																	
	LIAB	ILITY	P.I.	P.	ADDED P.I.P.	P.P.I. (Mi	ch. only)		D. MED. AY.	MEDICAL EXP INCOME LOSS (VIRGINIA ON	<b>BENEFITS</b>			SPEC. OF LOSS CAUS <u>ES</u>		ISION	TOWING	& LABOR
Cov- ered Auto No.		Premium	Limit* minus deductible shown below	Premium	Limit* Premium	Limit* minus deductible shown below	Premium	Limit	Premium	Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement		Limit** minus deductible Shown below	l m	Limit** Premium	Limit** minus deductible Shown below	Premium	Limit per dis- ablement	Premium
1																		
2																		
3																		
4	·																	
5																		
Total	Premium		XXX			XXX		XXX		XXX		XXX			XXX		XXX	

Add'l Coverage(s) - Premium, Limit, Deductible:

# ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF	FACTOR (IF LIAB. COV.	PREMIUM
		HIRE	IS PRIMARY)	
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
01	Also total and another transfer the abits of Heater Harris	alarak arras (a.a. Salah albara Harrisa al	TOTAL DEELAULINA	•

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

#### PHYSICAL DAMAGE COVERAGE

COVERAGES		THE	LIMIT OF INSURANCE MOST WE WILL PAY, DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR	MINUS \$ DEDUCTIBL	DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO E APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING		\$	\$
SPECIFIED CAUSES OF LOSS	COST OF REPAIRS WHICHEVER	•	DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS MISCHIEF OR VANDALISM	\$	\$	\$
COLLISION	IS LESS	MINUS \$	DEDUCTIBLE FOR EACH COVERED AUTO	\$	\$	\$
<u> </u>	•	<u> </u>		•	TOTAL PREMIUM	\$

## ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

	EMITTE CONEDULETOR NOT CHILEROTH EMBERT								
NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM						
	Number of Employees		\$						
Other than a Social Service Agency	Number of Partners		\$						
	Number of Employees		\$						
Social Service Agency	Number of Volunteers		\$						
		TOTAL PREMIUM	s						

#### ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly	<b>_</b>	RATES		ļ	PREMIUM			
☐ Gross Receipts	□ Per \$100 of Gross Rece	ipts	_					
□Mileage	☐ Per Mile	☐ Per Mile						
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS			LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS		
	\$	\$ !		\$		\$		
	\$	\$		\$		\$		
	\$	\$		\$		\$		
	\$	\$		\$		\$		
When used as a premium basis:			TOTAL PREMIUMS			\$		
FOR PUBLIC AUTOS			MINIMUM PREMIUMS	\$		\$		

**Gross Receipts** means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

#### FOR RENTAL OR LEASING CONCERNS

**Gross Receipts** means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

<sup>\*</sup>Limit stated in each applicable P.I.P. or P.P.I. Endorsement.

<sup>\*\*</sup>Limit stated in ITEM TWO.

SERFF Tracking #: PENN-130229688 State Tracking #: Company Tracking #: DSIC-2015-CA-F-825

State: District of Columbia Filing Company: Diamond State Insurance Company

TOI/Sub-TOI: 20.0 Commercial Auto/20.0001 Business Auto

Product Name: Commercial Automobile

Project Name/Number: DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825

# **Supporting Document Schedules**

Bypassed - Item:	Readability Certificate
Bypass Reason:	Requirement dos not apply.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consulting Authorization
Bypass Reason:	Requirement does not apply.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Requirement does not apply.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Side by Side Comparrison
Comments:	
Attachment(s):	SidebySide DAD100 08. 08 - DAD100 05.15.pdf
Item Status:	
Status Date:	

Summary 9/2/2015 11:15:27 AM

# Differences exist between documents.

New Document:

DAD100 05.15

2 pages (554 KB)

9/2/2015 11:15:21 AM
Used to display results.

Old Document:

DAD100 08.08

2 pages (37 KB)

9/2/2015 11:15:17 AM

Get started: first change is on page 1.

No pages were deleted

# How to read this report

Highlight indicates a change.

Deleted indicates deleted content.

indicates pages were changed.

indicates pages were moved.

# Diamond State Insurance Company A Stock Company Indianapolis, Indiana BUSINESS AUTO COVERAGE FORM DECLARATIONS

Diamond State GROUP

3 Bala Bala Cyny	iministrative Offices a Plaza East, Suite 300 wyd, Pennsylvania 19004 (610) 664-1500						V	
Policy No		of:						
	od From 12:01 AM:	To 12:01 AM	M) (		(standa	rd time at the add	Iress of the	
ITEM ON	NE:				Named	Insured as stated	I herein)	
Named In	sured and Mailing Address		Producer Na	me and Addi	ress: P	roducer Code:		
	Description:	_	_	_		_	_	
	TEM TWO - SCHEDULE OF COVERAGES  This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.							
	COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVEREI AUTO Section of the Business Auto Coverage Form show which autos are covered autos	S		WE WIL	MIT L PAY FOR ANY IT OR LOSS	ONE	PREMIUM
LIABILITY			\$	)				\$
PERSONAL	L INJURY PROTECTION (P.I.P.)††		SEPARATELY	STATED IN E	ACH P.I.	P. END. MINUS \$	Deductible	= \$
	.P. (or equivalent added No-fault cov.)		SEPARATELY	STATED IN E	ACH ADI	DED P.I.P. ENDOF	RSEMENT	\$
PROPERTY	PROTECTION INS. (Michigan on	(v)	SEPARATELY ST. Deductible FOR E	ATED IN THE P.P ACH ACCIDENT	I. ENDOR	SEMENT MINUS. \$		\$
AUTO MEDI	ICAL PAYMENTS  XPENSE AND INCOME LOSS BENEFI	TO	\$	ATED IN EACH M	EDICAL EV	TENCE AND INCOME	LOCC DENIFITE	\$
WIEDICAL EX	(VIRGINIA ONLY)	10	ENDORSEMENT	ATED IN EACH M	EDICAL EX	PENSE AND INCOME	LUSS BEINEFITS	\$
	ED MOTORISTS (UM) (when not include	ad	\$		_			\$
UNDERINS	SURED MOTORISTS in UM Cov.)	eu	\$					\$
PHYSICAL DAMAGE	MPREHENSIVE COVERAGE		VALUE OR				.UTO, BUT NO DEI R LIGHT <mark>NING. †††</mark>	D. \$
SPE SPE	ECIFIED CAUSES OF		KEFAIR				AUTO FOR LOS	S \$
₹ LC	OSS COVERAGE		WHICHEVER IS LESS -	CAU	SED BY I	MISCHIEF OR VA	NDALISM †††	
<u>∑</u> COI	LISION COVERAGE		MINUS	Dedu	ictible FC	R EACH COVER	ED AUTO †††	\$
± TOV	VING AND LABOR (Not applicable in California)		\$	for each		ent of a private p		\$
FORMS AN	ID ENDORSEMENTS APPLYING TO	O THIS COVERAGE PART	AND MADE PA	RT OF THIS		REMIUM FOR ENDOF	RSEMENTS/TERRORISM	\$
POLICY AT	TIME OF ISSUE †.					State Surcharges	/Assessments ††††	\$
	REFER TO SAV	A 100 ( 8-98) FOR LIST				ESTIMATED T	OTAL PREMIUM	\$
IF YOU PU	JRCHASED COLLISION COVERAGE			GE WOULD	APPLY T	O VEHICLES YOU	J RENT	
	icy may be subject to final audit.	Premium shown is P			eption.			
11113 1 011	icy may be subject to imar addit.	1 Terrilarii Silowii is i	ауаыс. ф		•	fault cov ) +++ Soc	ITEM FOUR for hired	or borrowed "autos "
ITEM THE	REE - SCHEDULE OF COVE	RED AUTOS YOU O	WN)			e endorsement IL1201		or borrowed autos.
Covered	DESCR	IPTION		PURCH			TERRITOR'	Y
Auto No.	Year Model; Trade Serial Number (S); Vehicle	Name; Body Type		inal Cost A	ctual		own & State Where to the Will Be Principal	
1			\$	\$				
2			\$	\$				
3			\$	\$				
4			\$	\$				
5	N		\$	\$				
	40	CLASSIFICATION	National Market					
Covered	Business us e Radius of s = service Size	GVW, GCW Age	Primary Flating Factor	Secondary		Except for towing	all physical dama	age loss is pay-
Auto	Operation r = retail c	r Vehicle Group	Phy.	Rating	Code	able to you and	I the loss payee n	amed below as
No.	(In Miles) c = commercial Seat		_iab. Damage	Factor		interests may ap	pear at the time of t	ne oss
1								
2								
3								
5	I							

\*Entry optional if shown in Common Policy Declarations.

†Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Date and Place of Issue:

Countersigned by (authorized Agent)

POLICY NUMBER:	
PULICT NUMBER:	



# **BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**

## ITEM THREE (Cont'd)

cov	(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)																	
	LIAB	ILITY	P.I.	P.	ADDED P.I.P.	P.P.I. (Mi	ch. only)		O. MED. PAY.	MEDICAL EXP INCOME LOSS (VIRGINIA ON	PENSE AND BENEFITS NLY)	COMPR		SPEC. OF LOSS CAUSES	COLL	ISION	TOWING	& LABOR
Cov- ered Auto No.	Limit	Premium	Lim t* minus deductible shown belc w	Premiu n	Limit* Pemium	Limit* minus deductible shown below	Premium	Limit	Premium	Separately Stated In Each Medical		Limit** minus deductible Shown below	Pre mium	Limit** Premium	Limit** minus deductible Shown below	Premium	Limit per dis- ablement	Premium
1													1					
2																		
3																		
4																		
5																		
Total	Premium		XXX			XXX		XXX		XXX		XXX			XXX		XXX	
Add	Atd Co /e age(s) - Premium, Limit, Deductible: *Limit stated in each applicable P.I.P. or P.P.I. Endorsement. **Limit stated in ITEM TWO.																	

# ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF	· ·	PREMIUM
		HIRE	IS PRIMARY)	
	\$	\$		\$
	\$	\$		\$ V V V V I
	\$	\$		\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges

for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE I I I I I I I I I I

		FITISICAL DAWASI, GCV-INAGE		
	COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE COST OF HIR	\$100 ANNUAL	PREMIUM
	COMPREHENSIVE	CASH DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING \$		S
	SPECIFIED CAUSES OF LOSS	COST OF MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS REPAIRS CAUSED BY MISCHIEF OR VANDALISM	\$	\$
1	COLLISION	IS LESS MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO \$	\$	\$
			TOTAL PREMIUM	\$

#### ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

	TEMPORE OF THE CONTROL OF THE CONTRO	7 T. T. E. T. C. E. T. E.		
4	NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
		Number of Employees		\$
	Other than a Social Service Agency	Number of Partners		\$
		Number of Employees		\$
	Social Service Agency	Number of Volunteers		\$
T			TOTAL PREMILIM	\$

#### ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

4	Estimated Yearly ☐ Gross Receipts	☐ Per \$100 of Gross Rece	RATES		Ī	PRI	EMIUM	
☐Mileage		☐ Per Mile					1	
		LIABILITY COVERAGE		O MEDICAL PAYMENTS		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	h
		\$					\$	
		\$	\$		\$		\$	
		\$	\$		\$		\$	
	\$		\$		\$		\$	
When used as a premium basis:				TOTAL PREMIUMS	\$		\$	
₹	FOR PUBLIC AUTOS	MINIMUM PREMIUMS	\$		\$			

- Gross Receipts include: he total annount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:
  - A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
  - B. Advertising Revenue.
  - C. Taxes which you collect as a separate item and remit directly to a governmental division.
  - D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

**Gross Receipts** means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.